

Name of Person Filing Document: _____
Address: _____
City, State, Zip Code: _____
Telephone Number: _____
ATLAS Number (if applicable): _____
Representing ☐ Self Without a Lawyer) OR ☐ Attorney for ☐ Petitioner OR ☐ Respondent
Attorney Bar Number (if applicable): _____

**SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY**

Name of Petitioner

Case Number _____

PETITION FOR TEMPORARY ORDERS

Name of Respondent

Check all that apply:
☐ **FOR SPOUSAL MAINTENANCE/SUPPORT**
☐ **FOR PROPERTY and/or DEBT**
☐ **OTHER:** _____

REQUIRED INFORMATION, UNDER OATH:

- 1. INFORMATION ABOUT THE PETITION FOR DISSOLUTION or LEGAL SEPARATION or ANNULMENT.** (You cannot file a *"Petition for Temporary Orders"* unless you or your spouse have filed, or will file at the same time you file **this** paperwork, all the paperwork for a divorce or legal separation or annulment)

- A. Date Petition for Dissolution of Marriage or Legal Separation or Annulment was filed:
B. Name of court where Petition was filed: _____
C. Information about court hearing scheduled for that Petition (if hearing is scheduled):

- 1) DATE and TIME OF HEARING: _____
2) NAME OF JUDICIAL OFFICER TO HEAR CASE: _____

- 2. INFORMATION ABOUT OTHER TEMPORARY ORDERS.** To the best of my knowledge, no temporary orders regarding these matters have been entered in any other court, and no court proceedings are pending for temporary orders. ☐ Check this box if this statement is true. If it is not true, do not check the box, do not file this paperwork and see a lawyer for help.

THIS IS WHAT I WANT THE COURT TO ORDER: Check the box in front of each item that you want. If you do **not** want the court to enter an order for that item, do **not** check the box.

- 3.** ☐ **SPOUSAL MAINTENANCE/SUPPORT:** An order requiring my spouse to pay a reasonable sum for spousal maintenance/support as determined by the *"Affidavit of Financial Information"* I am submitting with this Petition.
- 4.** ☐ **MEDICAL INSURANCE AND/OR COSTS:** An order requiring my spouse to provide medical and dental insurance for me, at **no cost** to the me, **OR** to pay all the medical and dental expenses reasonably incurred by me for myself.
- 5.** ☐ **PROPERTY:** An order granting the exclusive use and possession of the following property:

A. To me (list property)

B. To my spouse (list property)

6. ☐ **DEBTS:** An order requiring payment of debts, until further order of this court, as follows (attach additional pages if necessary):

A. **DEBTS TO BE PAID BY ME:**

DEBT	AMOUNT	TO WHOM OWED
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

B. **DEBTS TO BE PAID BY MY SPOUSE:**

DEBT	AMOUNT	TO WHOM OWED
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

7. ☐ **BASIS FOR REQUEST:** (Check this box if you want spousal maintenance/support, or medical insurance premiums paid or reimbursed.) This request is based on my inability to support myself or maintain this action without financial assistance from my spouse, and because my spouse refuses to voluntarily provide support.

8. ☐ **OTHER REASONS AND/OR OTHER REQUESTS:** (Please explain here in detail what else if anything you want the judge to order on a temporary basis and why you need the order)

REQUESTS TO THE COURT, UNDER OATH:

1. To enter a temporary order granting for what I requested.
2. For any other orders of the court that are just.

OATH AND VERIFICATION:

STATE OF ARIZONA)
County of Maricopa) ss.

I, being duly sworn and under oath, state that I have read this Petition. All the statements in the Petition are true and correct and complete to the best of my knowledge and belief.

SIGNED: _____

Subscribed and sworn to before me this _____ day of _____, _____

by _____.

My Commission Expires:

NOTARY PUBLIC: _____